

Label (See instructions on page 21.) Use the IRS label. Otherwise, please print or type.	For the year Jan. 1-Dec. 31, 2002, or other tax year beginning _____, 2002, ending _____		OMB No. 1545-0074
	Your first name and initial ANDREW	Last name COHEN	Your social security number [REDACTED]
	If a joint return, spouse's first name and initial RITA	Last name COHEN	Spouse's social security number [REDACTED]
	Home address (number and street). If you have a P.O. box, see page 21. 3940 MEETING HOUSE ROAD		Apt. no. [REDACTED]
City, town or post office, state, and ZIP code. If you have a foreign address, see page 21. VIRGINIA BEACH VA 23455			Important! You must enter your SSN(s) above.
			You Spouse

Presidential Election Campaign (See page 21.) **Note.** Checking "Yes" will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ☐ Yes ☒ No ☐ Yes ☒ No

Filing Status

1	<input type="checkbox"/> Single	4	<input type="checkbox"/> Head of household (with qualifying person). (See page 21.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
2	<input checked="" type="checkbox"/> Married filing jointly (even if only one had income)		
3	<input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	5	<input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ▶). (See page 21.)

Check only one box.

Exemptions

6a ☒ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a

b ☒ **Spouse**

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 22)
CHLOE J.	COHEN	[REDACTED]	CHILD	<input checked="" type="checkbox"/>
ORION K.	COHEN	[REDACTED]	CHILD	<input checked="" type="checkbox"/>

If more than five dependents, see page 22.

d Total number of exemptions claimed **4**

No. of boxes checked on 6a and 6b **2**
No. of children on 6c who:
• lived with you **2**
• did not live with you due to divorce or separation (see page 22)

Dependents on 6c not entered above
Add numbers on lines above **4**

Income Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see page 23. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . SEE. STATEMENT. 1.	7	4,600.
	8a	Taxable interest. Attach Schedule B if required	8a	453.
	b	Tax-exempt interest. Do not include on line 8a	8b	
	9	Ordinary dividends. Attach Schedule B if required	9	20,185.
	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 24) . . . STMT. 2.	10	197.
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	-3,629.
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	358,106.
	14	Other gains or (losses). Attach Form 4797	14	
	15a	IRA distributions	15a	
	b	Taxable amount (see page 25)	15b	
	16a	Pensions and annuities	16a	
	b	Taxable amount (see page 25)	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18		
19	Unemployment compensation	19		
20a	Social security benefits	20a		
b	Taxable amount (see page 27)	20b		
21	Other income. List type and amount (see page 29)	21		
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	379,912.	

Adjusted Gross Income	23	Educator expenses (see page 29)	23	
	24	IRA deduction (see page 29)	24	4,600.
	25	Student loan interest deduction (see page 31)	25	
	26	Tuition and fees deduction (see page 32)	26	
	27	Archer MSA deduction. Attach Form 8853	27	
	28	Moving expenses. Attach Form 3903	28	
	29	One-half of self-employment tax. Attach Schedule SE	29	
	30	Self-employed health insurance deduction (see page 33)	30	
	31	Self-employed SEP, SIMPLE, and qualified plans	31	
	32	Penalty on early withdrawal of savings	32	
	33a	Alimony paid b Recipient's SSN ▶	33a	
	34	Add lines 23 through 33a	34	4,600.
	35	Subtract line 34 from line 22. This is your adjusted gross income	35	375,312.

Tax and Credits		36	Amount from line 35 (adjusted gross income)	36	375,312.
37a Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind.		37a	Add the number of boxes checked above and enter the total here		
b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here.		37b			
Standard Deduction for -		38	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	38	43,079.
<ul style="list-style-type: none"> People who checked any box on line 37a or 37b or who can be claimed as a dependent, see page 31. All others: <ul style="list-style-type: none"> Single, \$4,700 Head of household, \$6,900 Married filing jointly or Qualifying widow(er), \$7,850 Married filing separately, \$3,925 	39	Subtract line 38 from line 36	39	332,233.	
	40	If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on line 6d. If line 36 is over \$103,000, see the worksheet on page 35	40	SEE STMT 3	
	41	Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-	41	NONE	
	42	Tax (see page 36). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	42	332,233.	
	43	Alternative minimum tax (see page 37). Attach Form 6251	43	99,001.	
	44	Add lines 42 and 43	44	NONE	
	45	Foreign tax credit. Attach Form 1116 if required	45	99,001.	
	46	Credit for child and dependent care expenses. Attach Form 2441	46		
	47	Credit for the elderly or the disabled. Attach Schedule R	47		
	48	Education credits. Attach Form 8863	48		
	49	Retirement savings contributions credit. Attach Form 8880	49		
	50	Child tax credit (see page 39)	50		
	51	Adoption credit. Attach Form 8839	51		
	52	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	52		
	53	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800	53		
		b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify			
	54	Add lines 45 through 53. These are your total credits	54		
	55	Subtract line 54 from line 44. If line 54 is more than line 44, enter -0-	55	99,001.	
Other Taxes		56	Self-employment tax. Attach Schedule SE	56	
	57	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	57		
	58	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	58		
	59	Advance earned income credit payments from Form(s) W-2	59		
	60	Household employment taxes. Attach Schedule H	60		
	61	Add lines 55 through 60. This is your total tax	61	99,001.	
Payments		62	Federal income tax withheld from Forms W-2 and 1099	62	313.
	63	2002 estimated tax payments and amount applied from 2001 return	63	94,541.	
	64	Earned income credit (EIC)	64		
	65	Excess social security and tier 1 RRTA tax withheld (see page 56)	65		
	66	Additional child tax credit. Attach Form 8812	66		
	67	Amount paid with request for extension to file (see page 56)	67		
	68	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	68		
	69	Add lines 62 through 68. These are your total payments	69	94,854.	
Refund		70	If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid	70	
	71a	Amount of line 70 you want refunded to you	71a		
	b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number			
	72	Amount of line 70 you want applied to your 2003 estimated tax	72		
Amount You Owe		73	Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 57	73	4,364.
	74	Estimated tax penalty. (see page 57)	74	217.	

Do you want to allow another person to discuss this return with the IRS (see page 58)? ☒ **Yes.** Complete the following. ☐ **No**

Designee's name	Phone no.	Personal identification number (PIN)
PREPARER		

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		INVESTOR	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
		SINGER	

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN

Paid Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code

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